	Reduction Act of 1995, no per IT APPLICATION F Substitute	EE DETERMINA for Form PTO-875	TION REC	ORD	ormation uni	App	hrough 7/31/ CEPARTM plays a valid	PTO/SB/06 2006. OMB 965 IENT OF COMM IOMB control no locket Number	LER Lemb
1						I V	S C	A CONTROLL	
	LICATION AS FILED	-PARTI						5000C	~
	(Column 1)	(Column 2)		MALL E	NTITY	OR	o	THER THAN	
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA				7	SMALL ENTITY		
(37 CFR 1.16(a), (b), or (ct)		THOMBEN EXTRA	- RAT	E(\$)	FEE (\$)	l	RATE		
SEARCH FEE (37 OFR 1.16(K), (I), or (m))			J [ ·	- 1		1	INIE	FEE (	<u>(3)</u>
EXAMINATION CEE		'				İ	<b> </b>		
(37 CFR 1.16(o), (p), or (d))			┥├──				l		
TOTAL CLAIMS (97 CFR 1.16(1))		<u> </u>							
INDEPENDENT CLAIMS	minus 20 =	<u>•</u>	×25.0	10 -			<del></del>		
(37 CFR 1.16(h))	minus 3 =		7 1 300	<u> </u>		OR	×50.00	·=	
APPLICATION SIZE	If the specification and disheets of paper the ann	rawings exceed 100	X00.0	0 =	· 1	- 1	×200.00		
FEE MY OFF	is \$250 (\$125 for and #	ilcation size fee due	11	· T		ŀ		<del>-</del>	
(C) (C) (C) (S))	additional 50 sheets or 6	ritity) for each	11	.	- 1	- 1		1 .	
			11	ľ	- 1	- 1.		1	
MULTIPLE DEPENDENT CL	AIM PRESENT BY CER 440	(h)	1			1		1 .	
If the difference in aut	(6) (4) (1)	W)				Γ			$\dashv$
* If the difference in column 1	is less than zero, enter "0" in	column 2.	TOTAL			L			╝
APPLICATION	ON AS AMENDED - P		TOTAL	·			TOTAL		
~~~		ART II		-					ヿ
Colum	in 1) . (Colu	mn 2) (Column 3)						•	- [
CLAI REMAI	MS HIGH	EST (	SMA	LL ENTIT	Υ '	OR	OTHE	R THAN	-
			RATE (\$1	1	DDI-			ENTITY	4
AFTI AMEND	PAID	USLY EXTRA	- ( )	TIO	NAL		RATE (\$)	ADDI-	1
(37 CFR 1.16(f)) 3( Independent (37 CFR 1.16(h)) 3	) Minus -2	1 10			(\$)	<b>—</b>		TIONAL FEE (\$)	
(37 CFR 1.16(h))	Minus *** 2	= ~	×25.00	=	Of	x x	D.00 =	500 .07	1
Application Size Fee (37 C	FR 1.16(s))		×100.00=	:	OF	. 1.7	10.00	<u> </u>	P
				7		, X	00:00 =		1
:	JLTIPLE DEPENDENT CLAIM	(37 CFR 1.16(j))				-			l
·			TOTAL	┼	OR OR	<u>_</u>			İ
(Column			ADD'L FEE	<u> </u>	OR	TOT	AL D'L FEE		ĺ
CLAIMS	(Column						L		
. REMAININ	IG HIGHES	PRESENT			_				
AFTER AMENDME		Y FXTRA	RATE (\$)	ADDI		RA	TE (\$)	ADDI-	
Total (37 CFR 1.16(1))	Minus **	<del></del>	<u>-</u>	FEE (S	5	1	1	TIONAL	
Independent (37 CFR 1.16(h))	Minus ***		х . =				<del></del>	FEE (\$)	
	1 1	=			→ OR	<u> ×</u>			
Application Size Fee (37 CFR	1.16(s))		× =		OR	x	=		
FIRST PRESENTATION OF MULT	IPLE DEPENDENT CLAIM (37	CFR 1 1670)							
	(0)	( 1.10U)			OR		T		
		•	TOTAL		7	TOTAL			
IDA onfortion	han the entry in column 2, w sly Paid For IN THIS SPAC	rite "0" in column 3. E is less than 20, enter	ADD'L FEE		OR ·	TOTAL ADD'L		1	

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" [Total or Independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.